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PABST PATENT GROUP 

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## TELEFAX

Date: August 29, 2005

Total pages: 11 (including  
cover sheet)

To: USPTO

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From: Rivka D. Monheit

Telephone: 404-879-2152

Telefax: 404-879-2160

Our Docket No. BU 111

Client/Matter No 077042/3

Your Docket No.

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### MESSAGE:

### IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Edith Mathlowitz, Yong S. Jong, and Jules S. Jacob

Serial No.: 09/760,046  
~~09/769,046~~

Art Unit:

1615

Filed: January 12, 2001

Examiner:

H. Sheikh

For: *MICRONIZED FREEZE-DRIED PARTICLES*

### Attachments:

Transmittal Form PTO/SB/21;  
Fee Transmittal Form PTO/SB/17  
Response to Office Action  
3 Attachments

(4505991A.1)

PDC 128

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NO. 5317 P. 2

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PTO/SB/17 (12-04)

Approved for use through 07/31/2008. OMB 0601-0002  
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (P.L. 109-105).

**FEE TRANSMITTAL**  
**For FY 2005**☒ Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$)**0.00****Complete if Known**

Application Number	09/760,046
Filing Date	January 12, 2001
First Named Inventor	Mathlowitz et al.
Examiner Name	H. Sheikh
Art Unit	1615
Attorney Docket No.	BU 111

**METHOD OF PAYMENT (check all that apply)**

☐ Check ☐ Credit Card ☐ Money Order ☐ Note ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account Deposit Account Number: 50-3129 Deposit Account Name: Pabst Patent Group LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

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☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	Small Entity Fee (\$)	Fee (\$)
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	50	25
Multiple dependent claims	200	100
	360	180

**Multiple dependent claims**

<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	<b>Multiple Dependent Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
24	4	0				

HP = highest number of total claims paid for, if greater than 20

<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
1	0	0	

HP = highest number of independent claims paid for, if greater than 3

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(e).

<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
24	0	0	0	

- 100 = / 50 = (round up to a whole number) x =

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other: \_\_\_\_\_

**SUBMITTED BY**

Signature	<i>Rivka D. Monheit</i>	Registration No. (Assessor/Agent)	48,731	Telephone	(404) 679-2152
Name (Print/Type)	Rivka D. Monheit			Date	August 29, 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1460, Alexandria, VA 22313-1460. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1460.

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BU 111 077042/3

PTO/58/21 (09-04)

Approved for use through 07/31/2008. OMB 0531-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	09/760,046	
	Filing Date	January 12, 2001	
	First Named Inventor	Mathiowitz et al.	
	Art Unit	1616	
	Examiner Name	H. Sheikh	
Total Number of Pages in This Submission	10	Attorney Docket Number	BU-111

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.63	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Three (3) attachments
Remarks _____		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Pabst Patent Group LLP		
Signature	<i>Rivka D. Monheit</i>		
Printed name	Rivka D. Monheit		
Date	August 29, 2005	Reg. No.	48,731

## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Signature	<i>Chandra Russell</i>		
Typed or printed name	Chandra Russell	Date	August 29, 2005

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RESPONSE UNDER 37 C.F.R. § 1.116  
EXPEDITED PROCEDURE  
ART UNIT 1615

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

**Applicants:** Edith Mathiowitz, Yong S. Jong, and Jules S. Jacob

**Serial No.:** 09/760,046

**Art Unit:** 1615

**Filed:** January 12, 2001

**Examiner:** H. Sheikh

**For:** *MICRONIZED FREEZE-DRIED PARTICLES*

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Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**RESPONSE TO OFFICE ACTION**

**Sir:**

Responsive to the Office Action mailed on May 27, 2005, please amend the application as follows. It is believed that no fee is required with this submission. However, should a fee be required, the Commissioner is hereby authorized to charge the fee to Deposit Account No. 50-3129.

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077042/00003